



College of Arts and Letters  
University of the Philippines Diliman

2 x 2

APPLICATION FOR TRANSFER

1. NAME \_\_\_\_\_  
 (Family Name) (First Name) (Middle Name)
2. STUDENT NUMBER \_\_\_\_\_ 3. AGE \_\_\_\_\_
4. DEGREE PROGRAM APPLIED FOR \_\_\_\_\_
5. PRESENT DEGREE PROGRAM \_\_\_\_\_
6. COLLEGE \_\_\_\_\_ 7. SEM/YEAR ADMITTED \_\_\_\_\_
8. CITIZENSHIP \_\_\_\_\_ 9. CIVIL STATUS \_\_\_\_\_
10. PERMANENT ADDRESS \_\_\_\_\_ 11. TEL. NO. \_\_\_\_\_
12. PRESENT ADDRESS \_\_\_\_\_ 13. TEL. NO. \_\_\_\_\_
14. E-MAIL ADDRESS \_\_\_\_\_ 15. CELLPHONE NO. \_\_\_\_\_
16. HIGH SCHOOL FROM WHERE GRADUATED \_\_\_\_\_
17. DATE OF GRADUATION \_\_\_\_\_ 18. HONORS (If any) \_\_\_\_\_
19. SCHOLARSHIPS ENJOYED AT UP \_\_\_\_\_

I hereby certify that all information provided above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

TO BE FILLED OUT BY CAL SECRETARY'S OFFICE STAFF

Total number of units completed: \_\_\_\_\_ General Weighted Average: \_\_\_\_\_

ACTION TAKEN:

- \_\_\_\_\_ Forwarded to the Department of \_\_\_\_\_  
 for further evaluation
- \_\_\_\_\_ Not qualified for transfer admission  
 Reason: \_\_\_\_\_

\_\_\_\_\_  
**ASST. PROF. JOSE CARLO GARCIA DE PANO**  
*College Secretary*

\_\_\_\_\_  
Date

ACTION OF THE DEPARTMENT:

- \_\_\_\_\_ Qualified for transfer admission
- \_\_\_\_\_ Not qualified for transfer admission  
 Reason: \_\_\_\_\_

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date